or is



PECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No.AWAPP002

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND SYSTEM FOR PRESENTING INFORMATION the specification of which,

check one)	1. is att	ached hereto.				
	U.S.	filed on <u>August</u> Application No. <u>09/639.011</u> was amended on <u>n/a</u>	15, 2000	as		
	Inter	filed on national PCT Application No was amended on	0			
I hereby state that amended by any an	I have reviewed and nendment referred to	understand the contents of above.	the above identified spec	cification,	including the	claims, as
I acknowledge the 37, CFR § 1.56.	duty to disclose infor	mation which is material to	the examination of this a	ipplication	in accordance	with Title
Prior Foreign App	olication(s)					
for patent or invention than the United S	tor's certificate, or §	under Title 35, United States 365(a) of any PCT Internation and have identified below, bonal application having a file	onal application which do by checking the box, an	lesignated a y foreign a the applicat	at least one cou application for	untry other r patent or priority is
9904552 -8 _	Sweden	Dec. 13, 1999	Yes	_X	No	mmor:
(Application No.)		intry)	(Filing Date)			
				Yes _	No	
(Application No.)	(Cou	intry)	(Filing Date)			
Provisional Appli	cation(s)					
I hereby claim the	benefit under 35 U.S	.C. §119(e) of any United Sta	ates provisional applicati	ion(s) listed	l below:	
60/183,281 (Application No.)		Feb. 17, 2000 (Filing Date)				
(Application No.)		(Filing Date)				
(Application No.)		(Filing Date)				
Atty. Dkt. No.: A'	WAPP002	Page 1	of 2			

Prior U.S. Application(s)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to

	e 37, Code of Federal Regulations, of the property of the control of the property of the prope	f this application:	or the
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)	
(Application No.)	(Filing Date)	(Status - patented, pending, abandoned)	
Power of Attorney			
KELLY, LLP, 1875 Charlest	on Road, Mountain View, Californi	rt H. Kelly, Reg. No. 33,922, all of the law firm of CA a, 94043, and all practitioners who are associated with to transact all business in the Patent and Trademark	th this
Direct Correspondence To:			
	CARY & KELLY 1875 Charleston Ro Mountain View CA, 9:	ad	
Direct Telephone Calls To:	Charles C. Cary at te	lephone number (650) 533.4844	
belief are believed to be true; a the like so made are punishable	and further that these statements we le by fine or imprisonment, or both,	edge are true and that all statements made on informative made with the knowledge that willful false statement ander section 1001 of Title 18 of the United States Cosapplication or any patent issuing thereon.	nts and
I hereby grant my attorneys the time subsequent to the date of	e right to insert the U.S. application amy signature below.	number and filing date where space is provided above a	at any
Typewritten Full Name of Sole or First Inventor:	Olof LARSSON	Citizenship: <u>SW</u>	
Inventor's signature:	Clot Larmon	Date of Signature: 21/11/2000	<u>ව</u>
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Full Name of Second Joint Inventor (if any):	Lennart FAGERBERG	Citizenship: SW	

Atty. Dkt. No.: AWAPP002

Inventor's signature:

Post Office Address:

Residence:

(Revised 3/29/99)

(City)

Genarp

Page 2 of 2

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(State/Country) _